



Incident Report

Print Date/Time: 06/28/2016 14:03

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00011584

Incident Date/Time: 6/16/2016 3:48:14 PM
Location: Lake Stevens WA 98258
Phone Number: (206) 465-3300
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19R1	SS0133-Heinemann

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ROBINSON, WILLIAM					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car		Toyota	Tacoma		C90780C	
Involved Vehicle	Passenger Car		Ford	Freestyle		357YHL	

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

06/16/2016 : 16:15:37 SP0403 Narrative: TOW OS

06/16/2016 : 16:01:01 SP0274 Narrative: MACKS TOW ENRT

06/16/2016 : 15:56:49 SP0226 Narrative: APPEARS NON INJ

06/16/2016 : 15:55:44 SP0274 Narrative: PER 19R1, AID NOT NEEDED

06/16/2016 : 15:50:20 SP0137 Narrative: BLKING EB LANE LR137

06/16/2016 : 15:49:50 SP0137 Narrative: HEAD ON AND A REAR ENDER. TAXI CAB VAN , MAR TOYO TACOMA PU & UNK ON OTHER

06/16/2016 : 15:49:13 SP0137 Narrative: 3 CARS UNK INJ

06/16/2016 : 15:48:39 SP0368 Narrative: COL UNK INJ


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E555663
CASE # 2016-00011584
LOCAL AGENCY CODING
TOTAL # OF UNITS 02 **OBJECT STRUCK**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	06	-	16	-	2016			1545	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 204		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
		S	W	10TH ST SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4257726949
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LAST NAME	KALER	FIRST NAME	KULDIP	MIDDLE INITIAL	S
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STREET NEW ADDRESS	14014 ADMIRALTY WAY APT 10D
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CITY	LYNNWOOD	ST	WA	ZIP	980875638
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KALERKS277KW	STATE	WA	SEX	M	D.O.B. MMDDYYYY	05	-	16	-	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	357YHL	STATE	WA	VIN#	2FMZA50695BA50953
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FORD	MODEL	FREEST	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	ORANGE OF EVERETT INC 1616 HEWITT AVE STE 205 EVERETT WA 98201 D: 4257726949
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NEW YORK MARINE AND GENERAL INSURANCE 16608
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253452960
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LAST NAME	THOMAS	FIRST NAME	MICHAEL	MIDDLE INITIAL	S
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STREET NEW ADDRESS	604 JORDAN RD
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CITY	GRANITE FALLS	ST	WA	ZIP	982528002
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CDL	RESTRICTIONS	J	ENDORSEMENTS
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DRIVER'S LICENSE #	THOMAMS2720L	STATE	WA	SEX	M	D.O.B. MMDDYYYY	09	-	13	-	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C90780C	STATE	WA	VIN#	3TMMU4FN5FM084581
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2015	MAKE	TOYT	MODEL	TACOMA	STYLE	CW	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	MACKS TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	MICHAEL THOMAS 604 JORDAN RD GRANITE FALLS WA 98252 D: 4253452960
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H2192992
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. HEINEMANN	BADGE OR ID #	0133	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E555663**CASE # **2016-00011584**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On the listed date and time, unit 2 was traveling northbound on SR 204 at the posted speed of 55 MPH. Unit 1 was traveling westbound on 10th ST SE towards SR 204. Unit 1 then took a righthand turn on SR 204 to travel north on SR 204. It is unknown if unit 1 stopped at the stop sign or merged without stopping but unit 2 did not have enough time to brake before striking the rearend of unit 1. Unit 2 was towed by Macks Towing. No injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN
06-18-16 10:11 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

6/21/2016 2:04:24 AM

BADGE OR ID #	0133	ORI #	WA0311900	TIME POLICE DISPATCHED	3:48 PM	TIME POLICE ARRIVED	3:51 PM
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REPORT NO. E555663

CASE # 2016-00011584

DATE AND TIME
OF COLLISION 06/16/16 15:45



SR 204

